



\$ 1647
PATENT
Attorney Docket No. FJN-063

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Nakagawa et al.

SERIAL NO.: 09/051,670 GROUP NO.: 1647

FILING DATE: April 16, 1998 EXAMINER: Romeo, D.

TITLE: Novel DNA and Process for Preparing Protein Using the DNA

RECEIVED

MAY 16 2001

TECH CENTER 1600/2900

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 8th day of May, 2001.


Rachel McLendon Kent

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

Transmittal Form (1 pg); Fee Transmittal (1 pg); check for \$180.00; Supplemental Information Disclosure Statement (2 pgs); PTO Form 1449 (2 pgs); copies of references A3-A10, B4-B8, C9-C25 and a return receipt postcard.



**TRANSMITTAL
FORM**

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| | | |
|-------------------------|-----------------------------|-----------------|
| TRANSMITTAL FORM | Application Serial Number | 09/051,670 |
| | Filing Date | April 16, 1998 |
| | First Named Inventor | Nakagawa et al. |
| | Group Art Unit | 1647 |
| | Examiner Name | Romeo, D. |
| | Attorney Docket No. | FJN-063 |
| | BATCH NO. (after allowance) | Not applicable |
| | Patent No. | Not applicable |
| | Issue Date | Not applicable |

ENCLOSURES (check all that apply)

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>) |
| <input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] | | |
| <input type="checkbox"/> Petition for Extension of Time | | |
| <input checked="" type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | | |

CORRESPONDENCE ADDRESS

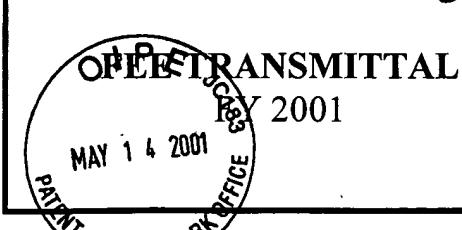
Direct all correspondence to: Patent Administrator
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 125 High Street
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SIGNATURE BLOCK

Date: May 8, 2001
 Reg. No. 43,526
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Respectfully submitted,

 Jennifer A. Camacho
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 125 High Street
 Boston, MA 02110



| Complete if Known | | RECEIVED |
|---------------------------|-----------------|----------|
| Application Serial Number | 09/051,670 | |
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| Attorney Docket No. | FJN-063 | |

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| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------|---|------------------------|-----------------------|-----------------------|-----------------|----------|-----|--------------------|-------------------------------------|--|--------|-------------------|--|--------------|-----|--|---------------------------|--|--------------|--------------|--|------|--------|------------------------|--|--------|---------------------|-----|---|---------------------------------|--------------|-----|--|--|---|-----|---|--|-------|-----|--|--|-----|-----|------------------|--|-----|-----|--|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|----|----|---|--|-----|-----|--|--------|-----|-----|---|--|-----|-----|--|--|--|--|---------------------|--|--|--|---------------------|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>390</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>890</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1,390</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1,890</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>310</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>310</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>270</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>50</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td>180.00</td></tr> <tr><td>710</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>710</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="2"></td><td>Other fee (Specify)</td><td></td></tr> <tr><td colspan="2"></td><td>Other fee (Specify)</td><td></td></tr> </tbody> </table> | | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130 | 65 | Surcharge - late filing fee or oath | | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | 130 | 130 | Non-English specification | | 2,520 | 2,520 | For filing a request for reexamination | | 110 | 55 | Extension for reply within first month | | 390 | 195 | Extension for reply within second month | | 890 | 445 | Extension for reply within third month | | 1,390 | 695 | Extension for reply within fourth month | | 1,890 | 945 | Extension for reply within fifth month | | 310 | 155 | Notice of Appeal | | 310 | 155 | Filing a brief in support of an appeal | | 270 | 135 | Request for oral hearing | | 130 | 130 | Petitions to the Commissioner | | 50 | 50 | Petitions related to provisional applications | | 180 | 180 | Submission of Information Disclosure Statement | 180.00 | 710 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 710 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | Other fee (Specify) | | | | Other fee (Specify) | |
| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 130 | 130 | Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,520 | 2,520 | For filing a request for reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 390 | 195 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 890 | 445 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,390 | 695 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,890 | 945 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310 | 155 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310 | 155 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 270 | 135 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 50 | Petitions related to provisional applications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 180 | Submission of Information Disclosure Statement | 180.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 710 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 710 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. FILING FEE <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>710</td><td>Utility filing fee</td><td></td><td></td></tr> <tr><td>320</td><td>Design filing fee</td><td></td><td></td></tr> <tr><td>150</td><td>Provisional filing fee</td><td></td><td></td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td></td><td>- 20 =</td><td></td><td>x \$ 18.00 =</td><td></td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Independent Claims</th> <th>- 3 =</th> <th>x \$ 80.00 =</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> </tbody> </table> <input type="checkbox"/> Multiple Dependent Claim(s), if any \$270.00 = | | Large Entity | | Fee Description | Fee Paid | Fee (\$) | Fee (\$) | 710 | Utility filing fee | | | 320 | Design filing fee | | | 150 | Provisional filing fee | | | Total Claims | Number Filed | Number Extra | Rate | Amount | | - 20 = | | x \$ 18.00 = | | Independent Claims | - 3 = | x \$ 80.00 = | | | | TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$) 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 710 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 150 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Number Filed | Number Extra | Rate | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - 20 = | | x \$ 18.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | - 3 = | x \$ 80.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. AMENDMENT CLAIM FEES <table border="1"> <thead> <tr> <th>Claims Remaining</th> <th>Highest No. Previously</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td></td></tr> <tr><td>Indep.</td><td>-</td><td>=</td><td>x \$ 80.00 =</td><td></td></tr> <tr><td><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td></td><td></td><td>+ \$270.00 =</td><td></td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">TOTAL:</th> <th>(\$)</th> </tr> </thead> <tbody> <tr><td colspan="2">SMALL ENTITY DISCOUNT:</td><td>(\$)</td></tr> <tr><td colspan="2">SUBTOTAL (2)</td><td>(\$) 0.00</td></tr> </tbody> </table> | | Claims Remaining | Highest No. Previously | Present Extra | Rate | Fee Paid | Total | - | = | x \$ 18.00 = | | Indep. | - | = | x \$ 80.00 = | | <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | + \$270.00 = | | TOTAL: | | (\$) | SMALL ENTITY DISCOUNT: | | (\$) | SUBTOTAL (2) | | (\$) 0.00 | SUBTOTAL (3) (\$) 180.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims Remaining | Highest No. Previously | Present Extra | Rate | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | - | = | x \$ 18.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. | - | = | x \$ 80.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | + \$270.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SMALL ENTITY DISCOUNT: | | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | (\$) 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 | | SIGNATURE BLOCK <p>Respectfully submitted,</p> <p>Jennifer A. Camacho Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |